

<b>STATE OF MICHIGAN</b> <b>JUDICIAL CIRCUIT - FAMILY DIVISION</b> <b>COUNTY</b>	<b>STATEMENT OF PARENT/GUARDIAN</b> <b>TRANSFERRING PHYSICAL CUSTODY OF</b> <b>CHILD FOR ADOPTION</b>	<b>FILE NO.</b>
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In the matter of the child \_\_\_\_\_ DOB: \_\_\_\_\_  
Full name of child

1. I am a ☐ parent ☐ guardian with legal and physical custody of the child and am being assisted in the temporary placement of the child by \_\_\_\_\_. (attach copy of current letters of authority)  
Name of adoption attorney or agency

2. On \_\_\_\_\_, for the purpose of adoption, physical custody of the child was transferred to:  
Date

☐ a. prospective adoptive parent(s) \_\_\_\_\_ who reside  
Name(s) of parent(s)  
 in this county at \_\_\_\_\_  
Street address City Zip

☐ b. Unknown to me because identifying information is not being exchanged.

3. I understand that I retain full parental rights to my child. I agree that the prospective adoptive parent may consent to all medical, surgical, psychological, educational, and related services for my child during the temporary placement.

4. I understand that this temporary placement may be revoked by me by filing a petition in this court requesting that my child be returned to me.

5. I have read a preplacement assessment of the prospective adoptive parent(s) that was completed or updated less than a year ago and which states that the prospective adoptive parent(s) are suitable to be parents of an adoptee.

6. The names and addresses of the mother and father are:

Mother: \_\_\_\_\_  
Name Street address City State Zip

☐ She is a minor. The name and address of the parent or guardian who agreed with the placement are

\_\_\_\_\_  
Name(s)  
 \_\_\_\_\_  
Street address City State Zip

Father: \_\_\_\_\_  
Name Street address City State Zip

☐ He is a minor. The name and address of the parent or guardian who agreed with the placement are

\_\_\_\_\_  
Name(s)  
 \_\_\_\_\_  
Street address City State Zip

(PLEASE SEE OTHER SIDE)

Do not write below this line - For court use only

6. continued.

☐ The name and address of each other possible putative father are: \_\_\_\_\_  
\_\_\_\_\_.

I declare under penalty of perjury that this statement has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/guardian/agency official

\_\_\_\_\_  
Signature of witness

\_\_\_\_\_  
Name of parent/guardian/agency official (print)

\_\_\_\_\_  
Name of witness (print)

\_\_\_\_\_  
Signature of parent/guardian/agency

\_\_\_\_\_  
Signature of witness

\_\_\_\_\_  
Name of parent/guardian/agency official (print)

\_\_\_\_\_  
Name of witness (print)

**CERTIFICATION BY PARENT/GUARDIAN OF UNEMANCIPATED MINOR PARENT**

I certify that I am the ☐ parent ☐ legal guardian of \_\_\_\_\_  
Name of parent of child  
who is an unemancipated minor parent of the child. I have reviewed this statement and agree with the temporary placement.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Signature of witness

\_\_\_\_\_  
Name of parent/guardian (print)

\_\_\_\_\_  
Name of witness (print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, and zip

**REPORT TO COURT FOLLOWING TEMPORARY PLACEMENT**

I report that I am assisting in the temporary placement of child who was placed for purposes of adoption in the home of adoptive parents as set forth in this statement. The statement of the prospective adoptive parents evidencing transfer of physical custody of the child to them is attached.

☐ The parent(s) and prospective adoptive parent(s) have elected not to exchange identifying information. The name(s) and address of the prospective adoptive parent(s) are:

\_\_\_\_\_  
Name(s)

\_\_\_\_\_  
Street address City State Zip

I declare that the statement in this report has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of attorney or agency representative

\_\_\_\_\_  
Name of attorney or agency representative (print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name of firm or agency

\_\_\_\_\_  
City, state, and zip